

RECORDER APPLICATION

DATE: _____ SOCIAL SECURITY NUMBER: _____

NAME: _____

ADDRESS: _____

WORK NUMBER: _____ HOME NUMBER: _____

DENTAL HYGIENE LICENSE NUMBER: _____ EXPIRATION _____

EDUCATION DEGREES: _____

YEARS OF PRACTICE: _____ TYPE OF PRACTICE: _____

TEACHING EXPERIENCE (if any): _____

REFERRED BY: _____

COMMENTS: _____

PLEASE INCLUDE TWO (2) LETTERS OF RECOMMENDATION, ONE (1) MUST BE
FROM YOUR CURRENT EMPLOYER.

(REV.7/01)